PTOSB30.(04.0)

Approved for use through 033:1207. (1988.65) (033)

U.S. Palent and Approved for use through 033:1207. (1988.65) (033)

U.S. Palent and (1989.) (1989.65) (033)

U.S. Palent and (1989

Registration No.

35,646

Request	Application Number	10/621,727-Conf. #1581
for Continued Examination (RCE) Transmittal Address to. NS RCE Commission for Patients P.O. Box 1459 Alexandris, VA. 22315-1490	Filing Date	July 17, 2003
	First Named Inventor	Richard P. Wool
	Art Unit	1713
	Examiner Name	W. K. Cheung
	Attorney Docket Number	00131-00339-US
This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filled prior to June 9, 1980, or la my despite application.		
Submission required under 37 CFR 1.114 Note: If the RCE is proper, any proviously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant interprise of the review. If applicant orders on the with in have not when the way no revinsity filed interned amendmental orderstand, applicant orders to receive the removal of the removal orders applicant orders to give a removal order and applicant orders.    Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action.		
may be considered as a submission even if this box is not checked.		
Consider the arguments in the Appeal Brief or Reply Brief previously filed on		
ii. Other		
b. Enclosed		
I. Amendment/Reply iii. Information Disclosure Statement (IDS)  ii. Affidavit(s)/Declaration(s) iv. Other		
Amisoellaneous  2. Misoellaneous		
a. Suscension of action on the above-Identified application is requested under 37 CFR 1.103(c) for a		
period of		
b. Other		
3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filled.		
a. X The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any		
overpayments to Deposit Account No. 03-2775 . I have enclosed a duplicate copy of this sheet.		
II. X Extension of time fee (37 CFR 1.136 and 1.17)		
iii. Other		
b. Check in the amount of \$enclosed  c. Payment by credit card (Form PTO-2038 enclosed)		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED/		
Signature Shipe Cham		12/4/06

Name (Print/Type)

Ashley I. Pezzner